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July 10, 2003

FILE NO: 60497.000014

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket Number: **60497.000014**

First Named Inventor: **Ken VOSNIAK**

Title: **SYSTEM AND METHOD FOR CONFIGURING A SCANNING PROCEDURE**

TO: **BOX PATENT APPLICATION**
United States Patent and Trademark Office
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached are the following for filing with the U.S. Patent and Trademark Office:

1. ☒ Fee Transmittal Form (original and duplicate)
2. ☐ Small Entity Status Claimed: ☐ Independent Inventor
☐ Small Business Concern
☐ Non-Profit Organization
☐ Statement Enclosed
☐ Statement Filed in Prior Application; Status Still Proper and Desired
3. ☒ Specification - Total Pages: **19** (Including Abstract and Claims)

CLAIMS AS FILED						
	Claims Filed	Basic Fee Claims	Extra	Rate		Amount
				Large Entity	Small Entity	
Total Claims	35	20	15	\$ 18.00	\$ 0.00	\$ 270.00
Independent Claims	4	3	1	\$ 84.00	\$ 0.00	\$ 84.00
First Presentation of Multiple Dependent Claims				\$ 280.00	\$ 0.00	\$ 0.00
BASIC FEE				\$	\$ 0.00	\$ 750.00
TOTAL FILING FEE						\$ 1,104.00
Assignment Recordation Fee						\$
TOTAL AMOUNT ENCLOSED						\$

4. ☒ Drawings - Total Sheets: **11** (Fig(s). **1 - 11**)

5. ☒ Oath or Declaration - Total Pages: 4
- a. ☐ Newly executed (original or copy)
☒ New (unexecuted)
- b. ☐ Copy from a prior application
(for continuation/divisional with Box 17 completed)
- i. ☐ DELETION OF INVENTOR(s):
Signed statement attached deleting inventor(s) named in prior application.
6. ☐ Application Data Sheet
7. ☐ CD-ROM or CD-R in duplicate, large table or Microfiche Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. ☐ Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (two copies); or
- ii. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statements verifying identity of above copies
9. ☐ Assignment
10. ☐ 37 C.F.R. 3.73(b) Statement ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement with PTO-1449 and References
☐ Copies of Information Disclosure Statement Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard
15. ☐ Foreign Priority is Claimed as Follows:

- ☐ If Foreign Priority is Claimed, Certified Copy of the Above Priority Document(s) is Submitted Herewith
16. ☐ Nonpublication Request under 35 U.S.C. § 1222(b)(2)(B)(i). Applicant must attach Form PTO/SB/35 or its equivalent.
17. ☐ Other: _____

18. ☐ Continuation ☐ Divisional ☐ Continuation-in-Part of
Prior Application No.: _____ filed _____

☐ Incorporation By Reference (useable if Box 5b is marked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application papers.

☐ Complete Application Based on Provisional Application No.: _____
filed _____

19. Please address all correspondence to:

☒ CUSTOMER NUMBER

21967

☐
Intellectual Property Department
Hunton & Williams
1900 K Street, N.W.
Suite 1200
Washington, DC 20006-1109

20. ☐ A new power of attorney or authorization of agent (PTO/SB/81) is as follows:

☐ The power of attorney is to:

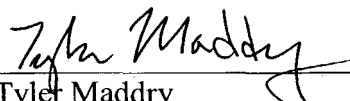
☐ Please remove as power of attorney:

☐ Please add as power of attorney:

21. ☒ Please charge any deficiencies to **Deposit Account No. 070845** (Access Code is 7197).

Respectfully submitted,

By:


Tyler Maddy
Registration No. 40,074

TM/tlc
Enclosures

07/10/03



15945 U.S. PTO

FEE TRANSMITTAL

BOX PATENT APPLICATION

Complete If Known

		Application No.		To Be Assigned			
		Filing Date		July 10, 2003			
		First Named Inventor		Kenneth J. VOSNIAK et al.			
		Examiner Name		To Be Assigned			
		Group Art Unit		To Be Assigned			
Total Amount Of Payment (\$)		1,060.00		Attorney Docket No.		60497.000014	

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to **Deposit Account No. 070845** (Access Code is **7197**) in the name of GE Medical Systems.

2. ☐ Check Enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to **Deposit Account No. 50-0206** in the name of Hunton & Williams, 1900 K Street, N.W., Suite 1200, Washington, D.C. 20006-1109.

FEE CALCULATION

1. BASIC FILING FEE ☒ Large Entity ☐ Small Entity

FEE PAID

Utility Filing Fee	\$	750.00
Design Filing Fee	\$	
Plant Filing Fee	\$	
Reissue Filing Fee	\$	
Provisional Filing Fee	\$	

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Description	Fee Paid
<input type="checkbox"/> Surcharge - late filing fee or oath	\$
<input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet	\$
<input type="checkbox"/> _____ Month Extension of Time	\$
<input type="checkbox"/> Notice of Appeal	\$
<input type="checkbox"/> Filing Brief in Support of Appeal	\$
<input type="checkbox"/> Request for Oral Hearing	\$
<input type="checkbox"/> Utility Issue Fee (or Reissue)	\$
<input type="checkbox"/> Design Issue Fee	\$
<input type="checkbox"/> Plant Issue Fee	\$
<input type="checkbox"/> Petition to Commissioner	\$
<input type="checkbox"/> Petition to Revive (Unavoidable)	\$
<input type="checkbox"/> Petition to Revive (Unintentional)	\$
<input type="checkbox"/> Petitions Related to Provisional Applications	\$
<input type="checkbox"/> Submission of Information Disclosure Statement	\$
<input type="checkbox"/> Filing Submission After Final Rejection	\$
<input type="checkbox"/> Recording Each Patent Assignment Per Property	\$
<input type="checkbox"/> Filing Request for Reexamination	\$
<input type="checkbox"/> Other (specify) _____	\$

2. EXTRA CLAIMS FEES

CLAIMS AS AMENDED

For	Number Present	Highest Number Paid For	Extra	Rate		Amount
				Large Entity	Small Entity	
TOTAL CLAIMS	35	15	15	x \$ 18.00	x \$ 0.00	\$ 270.00
INDEPENDENT CLAIMS	4	3	1	x \$ 84.00	x \$ 0.00	\$ 84.00
MULTIPLE DEPENDENT CLAIMS				\$ 280.00	\$ 0.00	\$ 0.00
TOTAL EXTRA CLAIMS FEES						\$ 354.00

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name Tyler Maddy

Registration No. 40,074

Signature

Date

July 10, 2003